

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD 262 A (REV. 5/31/00) Department of Child Support Services

**MAIL STATION
MS 10**

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CLAIMANT'S NAME Jan C. Sturla			SSN OR EMPLOYEE NUMBER			DEPARTMENT Child Support Services		
POSITION Director		CB/ID NUMBER Exempt	DIVISION OR BUREAU Executive				INDEX NUMBER 1110	
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 11120 International Drive				TELEPHONE NUMBER 916 464-5300	
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
			Rancho Cordova		CA	95741		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)			LODGING	BREAK-FAST	LUNCH	O.T., L/T N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
Aug-Sep 2009														
5-Aug	14:00	1600 9th Street							PC	9.00		\$0.00	\$9.00	
												\$0.00	\$0.00	
31-Aug	12:30	State Capitol							PC	10.00		\$0.00	\$10.00	
												\$0.00	\$0.00	
2-Sep	9:30	925 L Street, Sacramento							PC	10.00	30	\$16.50	\$26.50	
												\$0.00	\$0.00	
11-Sep	7:30	Sacramento to Orange Co							PC/A	9.00	16	\$8.80	\$17.80	
14-Sep	17:00	Dana Point/San Clemente							PC		16	\$8.80	\$8.80	
15-Sep	23:00	& Return to Sacramento							A/PC	9.00	16	\$0.00	\$9.00	
												\$0.00	\$0.00	
18-Sep	6:30	Sacramento to Orange Co							PC/A	9.00	16	\$8.80	\$17.80	
21-Sep	7:00	San Clemente/San Diego	123.30		10.00	18.00	6.00	27.30	Tr			\$0.00	\$184.60	
22-Sep	16:45	& return Sacramento		6.00					A/PC	9.00	16	\$8.80	\$23.80	
												\$0.00	\$0.00	
(10) Subtotals			123.30	6.00	10.00	18.00	6.00	27.30		\$65.00	110	\$51.70	\$0.00	\$307.30
CLAIM TOTAL													\$307.30	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
8/05: meeting at CHHS to prepare for Confirmation Hearing; 8/31: Senate Rules Committee-Confirmation Hearing; 9/2: CSDA Board Meeting/Sacramento
9/11-9/14: at residence in San Clemente, no hotel charges; 9/14 receive award on behalf of DCSS; 9/21: travel to San Diego for Imperial County DCSS site visit;
9/22: attended San Diego Case Management Meeting at San Diego County DCSS. and Quarterly PAW meeting at San Diego County Courthouse.
8/31 and 9/2 (no parking receipts)

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	TOTAL
	41110		PHASE													
(13) PRIVATE VEHICLE LICENSE NO.																
(14) MILEAGE RATE CLAIMED																
\$0.55																
AGENCY ACCOUNTING OFFICE USE ONLY																
PAYED BY REV. FUND CHECK NO.																
TOTALS																

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(F16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE